

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 101630414
APPLICANT(S) _____

FILED DATE _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP		
1							51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10							60								
11							61								
12							62								
13							63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20							70								
21							71								
22							72								
23							73								
24							74								
25							75								
26							76								
27							77								
28							78								
29	1		1				79								
30		1		1			80								
31		1		1			81								
32		1		1			82								
33		1		1			83								
34		5		5			84								
35		5		5			85								
36		0		1			86								
37		0		1			87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1		1				TOTAL IND.								
TOTAL DEP.	16		16				TOTAL DEP.								
TOTAL CLAIMS	17		17				TOTAL CLAIMS								